

FIELD KEY, AMBULATORY SURGERY CENTER FEE SCHEDULE

Column Title	Title Explanation	Indicator	Indicator Description
CPT® CODE/ HCPCS CODE			2005 CPT® or HCPCS code
ABBREVIATED DESCRIPTION			Descriptions are abbreviated and are for reference purposes only. For complete descriptions, refer to a 2004 CPT® or HCPCS code book.
PAYMENT GROUP	L&I's ASC Payment Group	Number (1-14)	Indicates L&I's ASC payment group for the procedure code.
RATE	L&I's ASC Payment Rate	Dollar value or payment method	Indicates the maximum allowable fee or other payment method.
		Dollar value	Maximum allowable fee.
		AC	Paid at acquisition cost.
		BR	Paid by report.
		BR, UR	Paid by report, UR authorization required.
		Bundled	Payment included in facility payment.
		NC	Not Covered